

Registration Form



First Name: Mr. Ms.

Last Name:

Organisation:

Designation:

Mailing Address:

Postal code/Zip: City: Country:

Telephone: Fax: Mobile:

Nationality: E-mail:

Indian Delegate Resident Non- Resident

International Delegate Resident Non- Resident

Passport No.: Issue Date:

FFFAI Member: Yes No Member of CHA Association: Yes No

Name of CHA Association:

Accompanying Adult:

First Name: Last Name: Spouse 

Accompanying Children:

* < 6 Yrs : * 6-12 Yrs: ** 12-18 Yrs:

**For age < 6 years and 6-12 Years max 2 children in room along with parents.*

***For age 12-18 years, only one child allowed in room along with parents.*

Occupancy:

Single Double (with spouse) Twin-Sharing

Payment details: Cash Cheque/Demand Draft Bank Transfer Credit Card

Cheque / Credit Card / Bank Transfer details

Registration Fees : INR / US \$

Resident Delegate Fees: INR / US \$

Non-Resident Delegate Fees: INR / US \$

Total Amount Remitted INR / US \$

(Amount in words)

Signature

